

# Massachusetts All-Payer Claims Database: Technical Assistance Group (TAG)

May 9, 2017



center  
for health  
information  
and analysis

# Agenda

---

- APCD Version 6.0
- Annual Premiums Data Request and Enrollment Trends Updates
- Prescription Drug Rebate Data Collection
- Housekeeping Items
- Wrap Up

# Intake APCD Version 6.0

MA APCD Intake Process	Intake 6.0 Timeline
Proposals Shared/Discussed with Carriers	December 2016/January 2017
New sftp testing	January 2017
Draft Submission Guides published	January 2017
Guides Reviewed at Technical Advisory Group	January 2017
Carrier Comment Period	January 2017
New sftp Pilot	April 2017
Administrative Bulletin and Guides Adopted	February 2017
Development/Testing	February/June 2017
Carrier Testing – new guides and new transmission process	July 2017
MA APCD Intake Version 6 Production	August 2017

# CHIA Reporting Updates: Annual Premiums Data Request and Enrollment Trends

Ashley Storms | *Analytic Reporting Manager*

Lauren Almquist | *Manager of Analytics*

May 9, 2017



center  
for health  
information  
and analysis

# Annual Premiums Data Request

# Annual Premiums Data Request Update

- Please be advised that the Premiums Data Submission Manual, Reporting Workbook, and Frequently Asked Questions are available on CHIA's website at <http://www.chiamass.gov/information-for-data-submitters-premiums-data>.
- Reconciliation Workbooks may be requested by emailing Ashley Storms.
  - These workbooks compile each payer's DOI Annual Comprehensive Financial Statement, CCIO Medical Loss Ratio Reporting Form, NAIC Supplemental Health Care Exhibit, and 2016 CHIA Annual Premiums Data Request filings for easy reference.
  - While not necessary for completing the 2017 Request, they may prove useful for answering the questions in section G .

# Annual Premiums Data Request Update

- Completed workbooks (one for each legal entity) should be submitted to Dianna Welch by **May 12<sup>th</sup>, 2017**.
- As in prior years, CHIA will follow up with payers in June to collect 3R transfer amounts\* for 2016. Those should be submitted to Dianna Welch by **July 17, 2017**.

\*Risk adjustment, risk corridors, reinsurance

# 2017 Annual Premiums Request Timeline

May 2017	Jun. 2017	Jul. 2017	Aug. 2017	Sept. 2017
<b>Submissions due</b>				
	CHIA distributes 3R Addendum Request			
		<b>3R Addendum submissions due</b>		
			<b>Reporting</b>	

# Enrollment Trends

# Enrollment Trends Update

Supplemental enrollment data (through March 2017) is due **May 22, 2017** for selected payers. Supplemental enrollment reporting is requested where populations cannot be accurately sourced from the MA APCD.

Payers will receive aggregate Member Eligibility data (through March 2017) for review in early June.

Lauren Almquist is the new project lead for Enrollment Trends.

# Enrollment Trends Timeline

Apr. 2017	May 2017	Jun. 2017	Jul. 2017	Aug. 2017
Payers submit March 2017 MA APCD files				
	<b>Supplemental enrollment reports due (select payers)</b>			
		MA APCD enrollment counts sent to payers for review		
			<b>Reporting</b>	

# Contact Information

**For Annual Premiums technical questions and data submission:**

Contact Dianna Welch at [dianna.welch@oliverwyman.com](mailto:dianna.welch@oliverwyman.com)

**For Annual Premiums reporting and general questions:**

Contact your CHIA liaison and Ashley Storms at [ashley.storms@state.ma.us](mailto:ashley.storms@state.ma.us)

**For Enrollment Trends questions:**

Contact your CHIA liaison and Lauren Almquist at [lauren.almquist@state.ma.us](mailto:lauren.almquist@state.ma.us)

# PRESCRIPTION DRUG REBATE DATA COLLECTION

Updated May 2017

For audio, please call:  
1-888-710-9336

Participant Code:  
330 6530



center  
for health  
information  
and analysis

# In 2016, the Legislature Required CHIA to Consider Rebates in Cost Trend Analyses



There has been growing interest in better understanding how drug rebates impact health care spending in Massachusetts.

In January 2016, the Health Policy Commission (HPC) stated that incorporating drug rebate information in cost trend analyses is, “crucial for accuracy in tracking drug spending.”<sup>1</sup>

Effective July 1, 2016, the Massachusetts Legislature amended M.G.L. c. 12C such that, when detailing cost growth trends in its annual report, CHIA is required to:

*“consider the effect of drug rebates and other price concessions in the aggregate without disclosure of any product or manufacturer-specific rebate or price concession information, and without limiting or otherwise affecting the confidential or proprietary nature of any rebate or price.”<sup>1</sup>*

# Prior Efforts to Obtain Prescription Drug Rebate Data Were Unsuccessful



In 2016, CHIA attempted to estimate rebate Massachusetts-specific rebates for commercial members using SHCE and MLR reports.

However, these reports exclude member cost sharing and data for self-insured members, and do not provide a robust definition of rebates.

As a result of these limitations, the reported share of rebates as a proportion of pharmacy spending varied widely across payers and was considered unreliable.

For instance, rebates reported by Massachusetts health insurers for the commercial market from 2013-2015 ranged from 0.0% to 91.3% of the insurer pharmacy claim liability.

# CHIA Engaged in a Robust Data Collection Request Development Process



In 2016 and 2017, CHIA conducted outreach stakeholders to obtain input on a potential prescription drug rebate data collection request, including:

- Health Plans Required to Submit TME Data
- Pharmacy Benefit Managers (PBMs) for Mass. Health Plans
- Massachusetts Association of Health Plans (MAHP)
- Pharmaceutical Research and Manufacturers of America (PhRMA)
- Attorney General's Office (AGO)
- Health Policy Commission (HPC)
- Group Insurance Commission (GIC)
- Executive Office of Health and Human Services (EOHHS)

On March 22, 2017, CHIA issued draft prescription drug rebate data collection specifications, submission templates, and submission examples and requested comments from stakeholders. The deadline for providing comments was 5:00pm EDT on April 10, 2017.

CHIA published final data collection documents on May 9, 2017.

# Summary of Changes (1 of 3)



Category	Sub-Category	Description
Insurance Category	Commercial	<p>The Commercial insurance category is being collapsed into a single required insurance category. Payers will not be required to report Commercial Full-Claim and Commercial-Partial Claim members separately and similarly will not be required to report separate Commercial fully and self-insured observations.</p> <p>In addition, CHIA adopted new guidance regarding Commercial members requiring that payers only report data for Commercial members for whom they have complete pharmacy expenditure and prescription drug rebate data.</p>
		<p>A “Standalone Medicare Prescription Drug Plan” insurance category was added separate from the Medicare Advantage insurance category.</p>
	Medicare	<p>Payers should report data on members for whom they only provide coverage through a standalone Medicare Part D plan in this new category. Data on members that obtain both Medicare Advantage (Part C) and Medicare Part D from the payer should continue to be reported in the Medicare Advantage category.</p>

# Summary of Changes (2 of 3)



Category	Description
Brand Status	<p>As previously noted, expenditure and rebate data will be broken out in the following categories, consistent with payers' own rebate contracts:</p> <ul style="list-style-type: none"><li>• Specialty drugs</li><li>• Non-specialty brand drugs</li><li>• Non-specialty generic drugs</li></ul>
PBM Contract Summary Data	<p>A new "PBM Contract" data submission template and accompanying data specifications was added to the data reporting requirements.</p>
	<p>As part of this requirement, payers shall indicate which PBMs they contracted with in a given insurance category and calendar year and note whether they provided all, some, or none of the payer's claims processing, formulary management, and rebate contracting services.</p>
	<p>This requirement is intended to accommodate circumstances in which a payer contracts with multiple PBMs for the services essential to managing members' prescription drug benefits, including rebate contracting.</p>

# Summary of Changes (3 of 3)



Category	Description
Medicare Coverage Gap Discounts	<p>Data specifications updated to clarify that Medicare Part D coverage gap discounts should be treated in the same way as they are treated in payers' TME data. If coverage gap discounts are excluded from TME data, they should be excluded from pharmacy expenditures. If coverage gap discounts are included in TME data, they should be included in pharmacy expenditures.</p> <p>In addition, coverage gap discounts should be treated in the same manner for rebates as they are treated for pharmacy expenditures. If coverage gap discounts are excluded from pharmacy expenditures, they should be excluded from rebates. Similarly, if coverage gap discounts are included in pharmacy expenditures, they should be included in rebates.</p>
Notice of Reporting Limitations	<p>A new requirement for payers to notify CHIA in writing if they are unable to report any data elements was added to the data specification.</p> <p>Payers should exhaust all opportunities to obtain the required data elements from their pharmacy benefit manager (PBM) before submitting notification to CHIA.</p> <p>In such instances, CHIA will work with the payer to develop modified data specifications that accommodate the payer's data limitations and allow CHIA to fulfill its statutory obligations.</p>

# Rebate Data Submission Template



## 1 Prescription Drug Rebate Data Filing

2 For prescription drugs dispensed in 2014, 2015, and 2016.

3 Due Date: June 30, 2017

Note: DR007 should equal the sum of DR008, DR009, and DR010.

Note: DR011 should equal the sum of DR012, DR013, and DR014.

DR015 and DR016 are calculated fields. Do not populate.

DR001	DR002	DR003	DR004	DR005	DR006	DR007	DR008	DR009	DR010	DR011	DR012	DR013	DR014	DR015	DR016	DR017	DR018
Payer Org ID	Payer Name	Insurance Category	Calendar Year	Member Population (Enter "Massachusetts residents" unless otherwise approved by CHIA)	Member Months	Total Pharmacy Expenditure Amount	Pharmacy Expenditure Amount: Specialty Drugs	Pharmacy Expenditure Amount: Non-Specialty Brand Drugs	Pharmacy Expenditure Amount: Non-Specialty Generic Drugs	Total Prescription Drug Rebate Amount	Prescription Drug Rebate Amount: Specialty Drugs	Prescription Drug Rebate Amount: Non-Specialty Brand Drugs	Prescription Drug Rebate Amount: Non-Specialty Generic Drugs	Per Member Per Month Pharmacy Expenditure Amount	Per Member Per Month Prescription Drug Rebate Amount	Combined Rebate Identifier	Comments
														= DR008 / DR007	= DR012 / DR007		
456	Payer B	Commercial	2014	Massachusetts residents	3,000,000	\$195,000,000	\$40,511,250	\$121,533,750	\$32,955,000	\$49,555,962	\$16,328,731	\$33,152,271	\$74,960	\$65.00	\$14.79	A	Rows with the same identifier in
456	Payer B	Medicare Advantage	2014	Massachusetts residents	400,000	\$60,000,000	\$12,465,000	\$37,395,000	\$10,140,000	\$9,809,800	\$3,235,695	\$6,569,441	\$4,665	\$150.00	\$22.30	B	DR017,
456	Payer B	SCO	2014	Massachusetts residents	40,000	\$8,600,000	\$1,786,650	\$5,359,950	\$1,453,400	\$9,809,800	\$3,235,695	\$6,569,441	\$4,665	\$215.00	\$22.30	B	excluding rows
456	Payer B	Medicaid MCO	2014	Massachusetts residents	350,000	\$31,500,000	\$6,544,125	\$19,632,375	\$5,323,500	\$49,555,962	\$16,328,731	\$33,152,271	\$74,960	\$90.00	\$14.79	A	in which DR017
456	Payer B	Commercial	2015	Massachusetts residents	2,990,000	\$213,785,000	\$48,613,500	\$130,965,900	\$34,205,600	\$61,582,813	\$22,860,223	\$38,620,519	\$102,071	\$71.50	\$17.90	C	is left blank,
456	Payer B	Medicare Advantage	2015	Massachusetts residents	425,000	\$72,675,000	\$14,958,000	\$46,089,000	\$11,628,000	\$14,607,960	\$4,529,972	\$10,023,632	\$54,355	\$171.00	\$30.75	D	should have the
456	Payer B	SCO	2015	Massachusetts residents	50,000	\$12,255,000	\$2,143,980	\$8,150,220	\$1,960,800	\$14,607,960	\$4,529,972	\$10,023,632	\$54,355	\$245.10	\$30.75	D	same values for
456	Payer B	Medicaid MCO	2015	Massachusetts residents	450,000	\$42,930,000	\$7,852,950	\$28,208,250	\$6,868,800	\$61,582,813	\$22,860,223	\$38,620,519	\$102,071	\$95.40	\$17.90	C	DR013, DR014,
456	Payer B	Commercial	2016	Massachusetts residents	2,950,000	\$219,362,000	\$58,336,200	\$125,269,794	\$35,756,006	\$69,484,288	\$32,004,312	\$37,404,335	\$75,641	\$74.36	\$20.00	E	and DR016.
456	Payer B	Medicare Advantage	2016	Massachusetts residents	433,000	\$75,523,860	\$17,949,600	\$45,263,871	\$12,310,389	\$18,647,940	\$6,341,961	\$12,221,339	\$84,640	\$174.42	\$37.83	F	
456	Payer B	SCO	2016	Massachusetts residents	60,000	\$15,000,120	\$2,572,776	\$9,982,324	\$2,445,020	\$18,647,940	\$6,341,961	\$12,221,339	\$84,640	\$250.00	\$37.83	F	
456	Payer B	Medicaid MCO	2016	Massachusetts residents	525,000	\$52,589,250	\$9,423,540	\$34,593,662	\$8,572,048	\$69,484,288	\$32,004,312	\$37,404,335	\$75,641	\$100.17	\$20.00	E	

Response Options	Insurance Category
	Commercial
	Medicare Advantage
	Standalone Medicare Prescription Drug Plan
	Medicaid MCO
	SCO
	One Care
PACE	
Other (MSP, Bridge)	

# PBM Contract Data Submission Template



1	<b>Prescription Drug Rebate Data Filing</b>								
2	For prescription drugs with dates of fill in 2014, 2015, and 2016.								
3	Due Date: June 30, 2017								
4									
5	PBM001	PBM002	PBM003	PBM004	PBM005	PBM006	PBM007	PBM008	PBM009
6	Payer Org ID	Payer Name	Pharmacy Benefit Manager Name	Insurance Category	Calendar Year	Claims Processing? (Enter "All", "Some", or "None")	Drug Formulary Management? (Enter "All", "Some", or "None")	Manufacturer Drug Rebate Contracting? (Enter "All", "Some", or "None")	Comments
7									
8	456	Payer B	PBM Y	Commercial	2014	All	All	All	
9	456	Payer B	PBM Y	Medicare Advantage	2014	All	Some	Some	
10	456	Payer B	PBM Z	Medicare Advantage	2014	None	None	Some	
11	456	Payer B	PBM Y	SCO	2014	All	Some	Some	
12	456	Payer B	PBM Z	SCO	2014	None	None	Some	
13	456	Payer B	PBM Y	Medicaid MCO	2014	All	All	All	
14	456	Payer B	PBM Y	Commercial	2015	All	All	All	
15	456	Payer B	PBM Y	Medicare Advantage	2015	All	Some	Some	
16	456	Payer B	PBM Z	Medicare Advantage	2015	None	None	Some	
17	456	Payer B	PBM Y	SCO	2015	All	Some	Some	
18	456	Payer B	PBM Z	SCO	2015	None	None	Some	
19	456	Payer B	PBM Y	Medicaid MCO	2015	All	All	All	
20	456	Payer B	PBM Y	Commercial	2016	All	All	All	
21	456	Payer B	PBM Y	Medicare Advantage	2016	All	Some	Some	
22	456	Payer B	PBM Z	Medicare Advantage	2016	None	None	Some	
23	456	Payer B	PBM Y	SCO	2016	All	Some	Some	
24	456	Payer B	PBM Z	SCO	2016	None	None	Some	
25	456	Payer B	PBM Y	Medicaid MCO	2016	All	All	All	
26									
27									
28									
29									
30				<b>Insurance Category</b>					
31				Commercial					
32				Medicare Advantage					
33				Standalone Medicare Prescription Drug Plan					
34				Medicaid MCO					
35				SCO					
36				One Care					
37				PACE					
38				Other (MSP, Bridge)					
39									
40									
41									
42									

# Data Submission Best Practices and Reminders



- **Performance Years:** Payers must report for 2014, 2015, and 2016.
- **IBNR Factors:** Payers must apply IBNR factors to both their 2016 pharmacy expenditures and prescription drug rebate data.
- **Pharmacy Expenditures:** Pharmacy expenditures include member cost sharing and exclude rebates.
- **Calendar Year Attribution:** Payers must attribute expenditures and rebates to a calendar year based on a prescription's date of fill.
- **Drug Rebates:** Includes PBM rebate guarantee amounts and any additional rebate amounts. Includes the total amount of rebates, regardless of whether they are conferred to the payer directly by the manufacturer, a PBM, or any other entity. Includes the total amount of rebates, regardless of whether they are conferred to the payer through regular aggregate payments, on a claim-by-claim basis at the point-of-sale, as part of retrospective financial reconciliations (including reconciliations that also reflect other contractual arrangements), or by any other method.
- **Combined Rebate Identifier:** Payers must include a combined rebate identifier in field DR017 to indicate which observations contain combined rebate data because the payer was unable to split out rebates for certain insurance categories (e.g., insert rebate identifier A for Medicare Advantage and SCO data).
- **Member Population:** Payers must contact CHIA if they are unable to report for Massachusetts residents; CHIA will work with payers to approve alternative populations. Suggestions in the data spec include (a) members with policies situated in MA or (b) all covered members.

# Next Steps



CHIA published Administrative Bulletin (AB) 17-03 and final data collection documents on May 9, 2017. The AB can be found [here](#) and the final data collection documents can be found [here](#).

**Rebate submissions for calendar years 2014, 2015, and 2016 are due by June 30, 2017.**

Please submit data to [Colin.Shannon@MassMail.State.MA.US](mailto:Colin.Shannon@MassMail.State.MA.US) and copy your regular CHIA contact for TME data submissions.

Prescription drug rebate data reporting is supplemental to TME reporting and does not impact instructions for reporting TME. Payers should continue to consult the TME data specification for guidance on how to submit TME data.

For the first year of data reporting, CHIA will publish rebate data at the aggregate level (e.g., total by brand status and insurance category) and will not publish rebate data at the payer or PBM level.

Please contact Colin Shannon at 617-701-8249 or [Colin.Shannon@MassMail.State.MA.US](mailto:Colin.Shannon@MassMail.State.MA.US) with questions.

**Questions?**

# Housekeeping Items

---

- Thank you to all carriers involved in Risk Adjustment for the timely submission of your APCD files needed by the Connector for final settlement.
- DOI membership reporting: signoff for Annual 2016 is due 5/15.
- V6 submission guides go into effect in August for July 2017 data and any resubmissions back to October 2013.

# Next Meetings

---

June 13, 2017 @ 2:00 pm

July 11, 2017 @ 2:00 pm

---

# Questions?